

Chapter Four

Food Package - Formula

Overview

Policy

Arizona WIC Program will issue rebated formula to partially breastfed or non-breastfed infant participants, except under special circumstances.

In This Chapter

This chapter is divided into six (6) sections which detail the special circumstances in which non-rebated formulas will be issued and Local Agency responsibilities, as well as four (4) appendices.

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Section A

Food Packages for Formula Fed Infants – Issuance of Special Formula

Policy

A written medical authorization from a health professional is required prior to the issuance of any special formula to meet the medical and nutritional needs of the WIC clients.

Nutritionist evaluation and approval of the prescribed formula is required from the Local Agency. In the absence of a nutritionist, a one-month supply of the prescribed formula may be issued pending the Local Agency approval.

Definition of Special Formula

Any formula except Enfamil with Iron, Enfamil Lipil with Iron, Prosobee, Prosobee Lipil and Lactofree Lipil, and Enfamil Gentlease Lipil.

Medical/Prescriptive Authority

Medical authorization is only accepted from persons with prescriptive authority:

- Medical Doctor (M.D.)
- Doctor of Osteopathy (D.O.)
- Physician Assistant (P.A.)
- Nurse Practitioner (N.P.)

Written Medical Authorization (Prescription)

The written prescription shall contain the participant's name and the following information:

- Date of prescription
- Name of formula
- Explanation of need
- Length of issuance
- Signature of the prescriptive authority requesting formula (Signature stamps are acceptable)

Note: Facsimiles are acceptable

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Section A

Food Packages for Formula Fed Infants – Issuance of Special Formula (Continued)

Verbal Medical Authorization	Verbal prescriptions are acceptable, but shall be documented in the participant's record and followed up with a written prescription within 30 days.
Incomplete Written Medical Authorizations	Incomplete written prescriptions shall be followed up with a phone call to obtain missing information, provided the prescription has the signature of the prescriptive authority. The missing information will be documented in the Notes Section of the Food Package screen of the AIM system.
Concerns	Upon review of the prescription, any concerns should be discussed with the prescriptive authority.
Challenge	When a formula has been prescribed, a different formula cannot be challenged or issued without first obtaining approval from the health care provider who prescribed the formula.

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Section B

Food Packages for Formula Fed Infants – Issuance of Low Iron Formula

Policy

A written medical authorization for low-iron formula can be accepted and Food Instruments issued only when the following medical conditions exist:

- Vitamin E hemolytic anemia (0-3 months of age)
- Thalassemia Major (Cooley's anemia)
- Iron overload secondary to repeat blood transfusion
- Iron utilization anemia (sideroblastic anemia)
- Hemochromatosis

Note: Spitting up, diarrhea, constipation, and colic are not acceptable reasons for issuing low-iron formula.

The American Academy of Pediatrics Committee on Nutrition's Position Paper recommends that iron-fortified formula be used for all formula fed infants.

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Food Packages for Children and Women with Special Dietary Needs

Introduction

Children and women with special dietary needs may receive formula if a physician determines that the participant has a medical condition, which precludes or restricts the use of conventional foods and necessitates the use of formula.

These medical conditions include, but are not limited to, metabolic disorders, inborn errors of amino acid metabolism, gastrointestinal disorders, malabsorption syndrome and allergies.

Limitations

Formulas may not be authorized solely for the purpose of enhancing nutrient intake or managing body weight of child and women participants. 7CFR 246.10 (c)(3)

Medical/ Prescriptive Authority

Medical authorization is only accepted from persons with prescriptive authority:

- Medical Doctor (M.D.)
- Doctor of Osteopathy (D.O.)
- Physician Assistant (P.A.)
- Nurse Practitioner (N.P.)

Written Medical Authorization

The written prescription shall contain the participant's name and the following information:

- Date of prescription
- Name of formula
- Explanation of need
- Length of issuance
- Signature of the prescriptive authority requesting formula (Signature stamps are acceptable)

Note: Facsimiles are acceptable

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Section C

Food Packages for Children and Women with Special Dietary Needs (Continued)

**Verbal Medical
Authorization**

Verbal prescriptions are acceptable, but shall be documented in the participant's record and followed up with a written prescription within 30 days.

**Incomplete
Written Medical
Authorizations**

Incomplete written prescriptions shall be followed up with a phone call to obtain missing information, provided the prescription has the signature of the prescriptive authority; and the missing information will be documented in the Notes Section of the Food Package screen of the AIM system.

Concerns

Upon review of the prescription, any concerns should be discussed with the prescriptive authority.

**Metabolic
Formulas**

Medical conditions that warrant the use of special metabolic formulas must be coordinated with the Office of Chronic Disease Prevention and Nutrition Services (OCDPNS) and Children's Rehabilitative Services (CRS).

**Maximum
Formula**

A maximum formula food package will be issued when the Local Agency Nutritionist documents the need on the participant's record, Food Package screen of the AIM system. Maximum formula food packages (up to the maximum allowed by federal regulation) may also be issued on an individual basis (e.g., when the client must purchase an entire case in order to receive a certain formula, and a maximum package may need to be given to accommodate the vendor).

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Issuance of Special Formula – Conditions for Pediasure Issuance

Acceptable Conditions

A written medical authorization for Pediasure can be accepted and food instruments issued only when the following conditions exist:

- Current assignment of Risk 103 (Underweight)
and
 - Assignment of Risk 103 for the immediately preceding certification period
or
 - Other medical conditions not-related to weight (i.e.: tube feeding)
-

WIC Approval

Issuance of Pediasure requires the Local Agency to:

- Complete a diet assessment, if applicable, and keep on file
 - Educate the authorized representative on the alternate methods of weight gain. This will be documented in the Notes section of the Care Plan screen of the AIM system
-

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Section E

Issuance of Special Formula – Local Agency Responsibilities

Policy	Special formulas, non-rebated formulas, and low-iron formulas will be issued only to those participants who have demonstrated and documented need. However, the need must be a result of a medical condition.
Documentation	Written prescriptions will be kept on file.
Unauthorized Issuance Reimbursement	<p>Local Agencies could be required to reimburse the State Agency for all unauthorized issuance of special formulas detected during Management Evaluations or review of AIM reports. Unauthorized issuance of a special formula means:</p> <ul style="list-style-type: none">• Lack of written medical authorization on file or• Lack of Notes on the Food Package screen in the AIM system explaining exceptions

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Section F

Rebate Formula Samples

Definition

Formula samples will be distributed to Local Agencies using the Free Trade Sample Allotment numbers assigned to the State Agency by the infant formula contractor. Consistent with cost containment as mandated by USDA, the use of the samples will be monitored by the State Agency.

WIC is a supplemental food program; therefore, the distribution of formula samples is intended to be used only in specific situations.

Sample formula will only be distributed to WIC participants and is not to be distributed to non-WIC persons.

Purpose

Samples can be used in the following situations:

- For infants of WIC mothers who are new to the program, until screening can be completed (10 day maximum)
 - Transitioning an infant from breastfeeding, until food instruments can be issued
 - For continuing participants who cannot be scheduled in a timely manner due to clinic issues
 - In trade for formula purchased with WIC drafts, when a formula change was made in between food instrument issuances, and formula is traded can for can only
-

Shipment Dates

The State Agency will provide the contractor with a copy of each Local Agency's monthly or quarterly allotment. The request will include program name, contact name, address, and telephone number for automatic shipping.

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Section F

Rebate Formula Samples (Continued)

Local Agency Allotment

The sample formula allotment will be based on infant caseload. Local Agencies may receive up to 5% of their infant caseload in cases of formula.

Monthly: Local Agencies receiving monthly shipments will have samples shipped by the last calendar day of the month, for receipt the first week of the following month.

Quarterly: Local Agencies receiving quarterly shipments will have samples shipped the first week of October, January, April and July.

Order Changes

Local Agencies will notify the State Agency of any adjustments to the allotment or any other changes no later than the 15th day of the month preceding the next sample shipment.

The State Agency will notify the contractor of any changes by the 15th day of the month preceding the next sample shipment.

Sample Distribution

Infant formula will be distributed to Local Agency clinics by the contracting formula company according to the contract agreement with the State Agency. Other formulas manufactured by the contractor will be distributed by the district representatives.

Order forms for rebated and other special infant formulas, available from the contractor, are to be completed by the Local Agencies and forwarded to the State Agency

Each Local Agency, depending on the amount of storage available, may select a monthly or quarterly shipment option.

Rebated formula samples will be shipped from the contractor. Any change in inventory levels, order amounts, problems, or questions concerning the contractor should be communicated to the State Agency, instead of the contractor.

Any formulas other than those rebated are not free. The Local Agency will be sent a bill for those products. It is the Local Agency's responsibility to pay for this merchandise.

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Section F

Rebate Formula Samples (Continued)

Sample Inventory/ Log

Samples will be inventoried monthly and a log will be maintained to account for all sample issuance. The log will be reviewed during Management Evaluations and could be used during contractor audits.

Orders are to be checked immediately upon delivery. Any inconsistencies must be reported to the State Agency.

Local Agencies using a monthly formula shipment schedule must return all formula in excess to the contracting formula company or decrease the formula order for the following month.

Local Agencies using a quarterly shipment schedule must return the excess to the contracting formula company unless there is appropriate storage available. Shipping labels are to be saved for a minimum of 30 days.

Local Agency staff will monitor the log for WIC participants who require formula samples more than once. These participants will be counseled regarding the reason(s) for multiple requests, and alternatives will be investigated.

Dented and damaged cans will be reported to the State Agency for credit.

Storage and Issuance of Formula

Formula will be kept in a locked area out of view of participants and the general public.

Local Agencies will have a policy for the amount of sample formula distributed from storage. Example: Mother of a newborn: give 1-2 one pound cans of powdered formula maximum, until appointment time.

Sample Formula for Breastfeeding Infants

Formula samples are not to be given to breastfeeding mothers unless there is a very specific reason. Formula samples are a detriment to the success and duration of breastfeeding.

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Appendix A: How to Calculate Formula Volume

Maximum Quantity

The maximum quantity of infant formula provided by the WIC Program monthly is 128 ounces of Powder, 806 Ready To Feed and 403 Concentrated formula. This is equivalent to:

- 31 cans (13 fluid ounces each) of concentrated formula
- 25 cans (32 fluid ounces each) of ready to feed formula
- 9 cans (12.9 ounces each) of powdered formula
- 8 cans (14.3 ounces each) of powdered formula

Powdered Formula

Powdered formula is to be mixed according to directions on the label to yield twenty (20) kilocalories/ounce prepared formula.

Concentrated Formula

846 fluid ounces of prepared formula from concentrate provides:

Total Daily Volume Consumed	Total Daily Kilocalories	Total Days Maximum Formula Allowance Will Last
24 fl.oz.	480 kcal	35 days
26 fl.oz.	520 kcal	33 days
28 fl.oz.	560 kcal	30 days
30 fl.oz.	600 kcal	28 days
32 fl.oz.	640 kcal	26 days

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Appendix B: Alternate Formula Screening Form

See attached list.

WOMEN, INFANTS AND CHILDREN (WIC) SUPPLEMENTAL NUTRITION PROGRAM ALTERNATE FORMULA SCREENING FORM

INSTRUCTIONS: Complete for participant who indicates a problem with Enfamil with Iron or ProSobee Formula.

Participant's Name: (Last, First)

Birth date

ID#

Physician's Name-Telephone Number:

LA#/Clinic#/Interviewer Code:

Formula History:

Name of Special Formula/Package#

Time Period of Authorization (by Nutritionist)

From:

To:

Screening for Problems(s) with Formula Preparation, Feeding, or Storage:

1. How is the formula being prepared? _____
2. How is the prepared formula being stored? _____
3. After baby is fed what is done with formula left in the bottle? _____
4. How many ounces of formula is the baby drinking during the day? _____
5. How are you holding the baby during feedings? _____
6. How often do you burp the baby? _____
7. Have any solid foods been started? _____

Circle the correct answer after reviewing questions 1-7 with parent/guardian.

8. Is the formula:

- a. Properly diluted? YES NO
b. Prepared in a sanitary manner? YES NO
c. Adequately refrigerated? YES NO

9. Is the Infant:

- a. Being overfed? YES NO
b. Positioned correctly for feeding? YES NO
c. Burped at necessary intervals? YES NO

Check the Symptom(s) reported by the parent/guardian from the use of Enfamil with Iron or ProSobee:

- | YES | NO | | YES | NO | |
|--------------------------|--------------------------|------------------------|--------------------------|--------------------------|--------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Diarrhea | <input type="checkbox"/> | <input type="checkbox"/> | Skin rash |
| <input type="checkbox"/> | <input type="checkbox"/> | Vomiting | <input type="checkbox"/> | <input type="checkbox"/> | Congestion |
| <input type="checkbox"/> | <input type="checkbox"/> | Watery, frothy stools | <input type="checkbox"/> | <input type="checkbox"/> | Chronic runny nose |
| <input type="checkbox"/> | <input type="checkbox"/> | Abdominal distension | <input type="checkbox"/> | <input type="checkbox"/> | Wheezing |
| <input type="checkbox"/> | <input type="checkbox"/> | Bloody stool | <input type="checkbox"/> | <input type="checkbox"/> | Coughing |
| <input type="checkbox"/> | <input type="checkbox"/> | Colicky abdominal pain | <input type="checkbox"/> | <input type="checkbox"/> | Family history of cow's milk allergy |

Check the following conditions to further evaluate reported problems:

YES NO

- ☐ ☐ Family history of soy allergy
☐ ☐ Family history of corn allergy
☐ ☐ Infant recently has been taking medicine. If yes, specify: _____
☐ ☐ Infant recently been sick or had a fever.
☐ ☐ Other: _____

Screening Results: (Initials) _____

- ☐ ☐ Based on screening, Enfamil with Iron or ProSobee with Iron is appropriate.
☐ ☐ Problem appears to be due to improper feeding or storage. Participant's parent/guardian counseled.
☐ ☐ Possible lactose intolerance/milk allergy-may need ProSobee with Iron Formula.
☐ ☐ Other: _____

Care Plan:

Nutritionist's Name (Print) & Signature:

Date:

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Appendix C: Arizona WIC Formula List

See attached list.

ARIZONA WIC FORMULA LIST FY 2005

(Intended for use by AZ WIC Nutritionists/RD's only in combination with other resource materials)

Formula Name	WRITTEN APPROVAL ?		DESCRIPTION	INDICATIONS	COMPARABLE FORMULAS	PACKAGING		
	Yes	No				Conc.	Powder	Ready-to-Use
<u>Alimentum Advance</u> (Powder) Manufacture – Ross Form – Powder Category – M UPC Code: Type: Exempt	X		Complete formula for allergy and sensitivity to intact protein (milk or soy), lactose intolerance, protein and fat malabsorption, malnutrition, or cystic fibrosis; contains amino acids. Sucrose/tapioca, and MCT/safflower/soy oil; 20 cal/oz. NOTE: Powdered Alimentum differs from RTU in that it contains corn derivatives.	Store or pharmacy special order. For infants with special nutritional needs.	Nutramigen. Pregestimil	N/A	16 oz. Can 6 cans/case	See below
<u>Alimentum Advance (RTU)</u> Manufacture – Ross Form – Powder Category – 1 UPC Code: Type: Exempt	X		Complete formula for allergy and sensitivity to intact protein (milk or soy), lactose intolerance, protein and fat malabsorption, malnutrition, or cystic fibrosis; contains amino acids, sucrose/tapioca, and MCT/safflower/soy oils; 20 cal/oz. Corn-free.	Store or pharmacy special order. For infants with special nutritional needs.	Nutramigen Lipil	N/A	See above	8 oz. can 24 case 32 oz. Can 6/case
<u>Alitra Q</u> Manufacture – Ross Form – Powder Category – I UPC Code: Type: Med Food	X		A complete formula for patients with impaired GI function: contains increased glutamine (protein), soy/lactalbumin hydrolysate, cornstarch/sucrose/fructose and safflower/fractionated coconut oils; 30 cal/oz.	Pharmacy special order. Vanilla.	Criticare HN, Vital HN, Peptamen Vivonex, T.E.N., Vivonex Plus	N/A	2.68 oz. Packet 24 pkts/case	N/A
<u>Boost with Fiber</u> (formerly Sustacal with Fiber) Manufacture – Mead Johnson Form – RTU Category – A UPC Code: Type: Med Food	X		Fiber containing supplement or tube feeding providing 30 cal/oz.	Pharmacy special order. Available in vanilla, chocolate.	Ensure with Fiber, Nutren with Fiber, FiberSource, NuBasics with Fiber.	N/A	N/A	8 oz. can 24 can/case
<u>Boost High Protein</u> (formerly Sustacal liquid) Manufacture – Mead Johnson Form – Powder Category – 1 UPC Code: Type: Med Food	X		High Protein oral supplement for volume restriction or weight gain. Lactose-free, contains casein/soy, corn syrup/sucrose, and corn oil: 30 cal/oz.	Pharmacy special order, Available in vanilla, chocolate, strawberry. Powdered formula available in vanilla.	NuBasics VHP, Ensure HP	N/A	1 lb. Can 6 cans/case	8 oz. can 24/case 32 oz. 6/case (vanilla)

M=Metabolic I=Infant P=Pediatric A=Adult

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Formula Name	WRITTEN APPROVAL ?		DESCRIPTION	INDICATIONS	COMPARABLE FORMULAS	PACKAGING		
	Yes	No				Conc.	Powder	Ready-to-Use
Boost Plus , (formerly Sustacal Plus) Manufacture – Form – Powder Category – 1 UPC Code: Type: Med Food	X		Complete high calorie, low residue, lactose free, nutrition in limited volume; 45 cal/oz.	Pharmacy special order. Vanilla/chocolate/strawberry.	Ensure Plus, Ensure Plus HN, Resource Plus, Nutren 1.5, NuBasic Plus, Comply	N/A	N/A	8 oz can 24 cans/case
Casec Manufacture – Mead Johnson Form – Powder Category – I, P, A UPC Code: Type: Med Food	X		Powdered protein supplement (calcium caseinate) for children and adults; 17 cal/TBSP.	Pharmacy special order. Not to be used alone. Unflavored	ProMod	N/A	10 oz. can 6/case	N/A
Citrotein Manufacture – Novartis (formerly Sandoz) Form – Pow. Category – A UPC Code: Type: Med Food	X		Fruit-flavored, high-protein, complete formula which is low in fat and residue, lactose free and acceptable on a clear liquid diet: contains egg white, sucrose/maltodextrin, and soy oil; 170 cal/8.45 oz.	Pharmacy special order. Orange, Punch flavor.	Forta Drink	N/A	14.16 oz can 12/case	N/A
Manufacture - Form – Category – UPC Code: Type:								

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Formula Name	WRITTEN APPROVAL ?		DESCRIPTION	INDICATIONS	COMPARABLE FORMULAS	PACKAGING		
	Yes	No				Conc.	Powder	Ready-to-Use
<u>Compleat Modified</u> Manufacture – Novartis (formerly Sandoz) Form – RTU Category – A UPC Code: Type: Med Food	X		Complete formula made from blenderized foods with fiber, lactose free, isotonic, contains beef/caseinate, maltodextrin/vegetable/fruit and beef/canola oil.	Pharmacy special order	Enrich, FiberSource, Jevity, Sustacal	N/A	N/A	250 ml can 24 case
<u>Comply</u> Manufacture – Mead Johnson Form – RTU Category – A UPC Code: Type: Med Food	X		High calorie, complete formula for persons with restricted fluid intake and increased energy needs: contains caseinates, maltodextrin, canola/MCT/soy oils; 45 cal/oz	Pharmacy special order. Available unflavored	Nutren, Ensure Plus HN, Resource plus	N/A	N/A	8 oz. can 24/case
<u>Criticare HN</u> Manufacture – Mead Johnson Form – RTU Category – A UPC Code: Type: Med Food	X		High-nitrogen, low sodium and lactose-free elemental formula for persons with Crohn's disease, shortgut syndrome, CF, pancreatic; contains casein hydrolysate, maltodextrin/corn starch, and safflower/fatty acids; 31.3 cal/oz.	Pharmacy special order. For adults and children age 4 and older. Unflavored	Vital HN, Peptamen, Vivonex T.E.N., Alitraq, Vivonex Plus.	N/A	N/A	8 oz bottle 24 btls./case
<u>Deliver 2.0</u> Manufacture – Mead Johnson Form – RTU Category – A UPC Code: Type: Med Food	X		High calorie, high nitrogen formula for persons with fluid or volume restrictions or hypermetabolic: contains caseinates, corn syrup, and soy/MCT oils; 60 cal/oz.	Pharmacy special order. Vanilla	Nepro, Two Cal HN, Magacal, Nutren 2.0.	N/A	N/A	8 oz. can 24 cans/case
<u>Duocal</u> Manufacture – Scientific Hospital Form – Powder Category – I,P, A UPC Code: Type: Med Food	X		For person requiring an energy supplement with protein, electrolyte, and/or fluid restriction. High calorie, protein and lactose free, carbohydrate and fat supplement. 4.9 cal/g. 42 cal/level tbsp.	Pharmacy special order. Not to be used alone.	None	N/A	14 oz. can 4 cans/case	N/A

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Formula Name	WRITTEN APPROVAL ?		DESCRIPTION	INDICATIONS	COMPARABLE FORMULAS	PACKAGING		
	Yes	No				Conc.	Powder	Ready-to-Use
<u>Enfamil Human Milk Fortifier</u> Manufacture – Mead Johnson Form – Powder Category – I UPC Code: Type: Rebate	X		For low birth weight infants who are receiving breast milk. Contains no iron. Increases levels of protein, calories, calcium, phosphorus, and other nutrients: contains whey, corn syrup solids. 3.5 calories per 0.025 oz packet (1 packet added to 25 ml. Of breast milk yields 24 Kcal.oz.)	Non-grocery store pharmacy special order. Uses as a supplement to breast milk. If greater than 25 packets are used daily, monitor for evidence of excessive vitamin A and vitamin D.	Similac Natural Care	N/A	100-.025 oz. Packet/carton 2 cartons/case	N/A
<u>EnfaCare Lipil</u> Manufacture – Mead Johnson Form – Powder Category – I UPC Code: Type: Exempt	X		For premature infants with increased caloric, calcium and phosphorus needs; contains corn syrup, cow's milk, and soy/coconut/safflower oils; 22 cal/oz	For short-term use only, to avoid over-nutrition.	Similac Neosure	N/A	12.8 oz can 6/case	3 oz. bottles 48/case
<u>Enfamil AR Lipil</u> Manufacture – Mead Johnson Form – Powder Category – 1 UPC Code: Type: Exempt	X		Contains DHA and ARA. For infants with gastroesophageal reflux. Contains lactose, rice starch, maltodextrin as CHO which increases viscosity, 20 cal/oz.	Not designed for pre-term infants	None	N/A	N/A	32 oz. can 6 cans/case
<u>Enfamil with Iron</u> Manufacture – Mead Johnson Form – Pow, Conc, RTU Category – I UPC Code: Type: Rebate		X	Adequate for most healthy term infants: contains lactose, casein lactalbumin, and soy/coconut oils (corn oil in powder); 20 cal/oz.	Preferred AZ. WIC Program infant formula due to rebate.	All listed under – NON-REBATED MILK BASED @: Similac with Iron; Carnation Good Start.	13 oz. can 12 can/case	14.3 oz. can 6/case	8 oz can 16/case 32 oz. cans 6 cans/case
<u>Enfamil Lipil with Iron</u> Manufacture – Mead Johnson Form – Pow, Conc, RTU Category – I UPC Code: Type: Rebate	X		Contains DHA and ARA. Adequate for most healthy term infants: contains lactose, casein lactalbumin, and soy/coconut oils (corn oil in powder); 20 cal/oz	Preferred AZ. WIC Program infant formula due to rebate.	Similac Advanced with Iron	13 oz can 12 cans/case	12.9 oz can 6/case	8 oz can 16/case 32 oz. cans 6 cans/case
<u>Enfamil Lipil (Low Iron)</u> Manufacture – Mead Johnson Form – Pow, Conc, RTU Category – I UPC Code: Type: Rebate	X		For infants with documented medical need for low iron: contains whey and cow's milk, lactose, and palm/soy/coconut and sunflower oil; 20 cal/oz.	Medical condition does not include: gas bloating, constipation, diarrhea, or formula intolerance.	Similac (low iron)	13 oz can 12 cans/case	14.3 oz can 6 cans/case	8 oz. can 24/case 32 oz. can 6/case

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Formula Name	WRITTEN APPROVAL ?		DESCRIPTION	INDICATIONS	COMPARABLE FORMULAS	PACKAGING		
	Yes	No				Conc.	Powder	Ready-to-Use
<u>Enfamil LactoFree-Lipil</u> Manufacture – Mead Johnson Form – Pow, Conc, RTU Category – 1 UPC Code: Type: Rebate		X	Contains DHA and ARA. For lactose-intolerant persons who can digest cow's milk protein; contains cow's milk, corn syrup, and palm/soy/coconut/sunflower oils; 20 cal/oz.	Preferred AZ. WIC Program infant formula due to rebate.	Lactose reduced formulas. Prosobee, Alsoy, Nutramigen, Pregestimil, Alimentum, Similac Lacto-free	13 oz can 12 case	12.9 oz can 6/case	32 oz. can 6/case
<u>Enfamil Next Step Lipil</u> Manufacture – Mead Johnson Form – Pow. Category – P UPC Code: Type: Exempt	X		Milk based, iron fortified formula for healthy toddlers that are eating a mixed diet; contains DHA/ARA, palm/soy/sunflower/coconut oils, corn syrup; 20 cal/oz.	For children age 1 to 3.	Toddlers Best	N/A	12 oz. can 4 cans/case	N/A
<u>Enfamil Next Step Prosobee Lipil</u> Manufacture – Mead Johnson Form – Powder Category – P UPC Code: Type: Exempt	X		Soy protein-based, iron-fortified formula for healthy toddlers who cannot tolerate cow's milk but eating a mixed diet. Contains DHA/ARA, soy protein, palm/soy/coconut/sunflower oils corn syrup/sucrose; 20 cal/oz.	For children 1 to 3.	Toddler's Best Soy-Based	N/A	12 oz. can 4/case	
<u>Enfamil Premature Lipil (20 kcal) (low iron)</u> Manufacture – Mead Johnson Form – RTU Category – I UPC Code: Type: Rebate	X		Contains DHA and ARA. For low birth weight infant; up to 7-1/2 lbs; contains whey and cow's milk protein (60:40) corn syrup/lactose, MCT/soy/coconut oils; 20 cal/oz. Low iron.	Non-grocery store pharmacy special order. Complete formula for infants	Premature formulas: Similac Special Care (20 cal), Similac NeoSure Advance (22 cal)	N/A	N/A	3 oz. nursery bottles 48/case
<u>Enfamil Premature Lipil (20 Kcal) (with Iron)</u> Manufacture – Mead Johnson Form – RTU Category – I UPC Code: Type: Rebate	X		Contains DHA and ARA. For low birth weight infants; up to 7-1/2lbs; contains whey and cow's milk protein (60:40), corn syrup/lactose, MCT/soy/coconut oils; 20 cal/oz.	Non-grocery store pharmacy special order.	Premature formula: Similac Special Care (20 cal.), Similac NeoSure Advance (22 cal)		N/A	3 oz nursery bottles 48/case

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Formula Name	WRITTEN APPROVAL ?		DESCRIPTION	INDICATIONS	COMPARABLE FORMULAS	PACKAGING		
	Yes	No				Conc.	Powder	Ready-to-Use
<u>Enfamil Premature Lipil</u> (24 kcal) (<i>low iron</i>) Manufacture – Mead Form – RTU Category – I UPC Code: Type: Rebate	X		Contains DHA and ARA. For low birth weight infant; up to 7-1/2 lbs.: contains whey and cow's milk protein (60:40) corn syrup/lactose, MCT/soy/coconut oils; 24 cal/oz. <i>Low iron</i>	Non-grocery store pharmacy special order.	Premature formulas; Similac Special Care (20 cal.) Similac NeoSure (22 cal)		N/A	3 oz. nursery bottles 48/case
<u>Ensure</u> Manufacture – Ross Form – Pow., RTU Category – A UPC Code: Type: Med Food	X		Complete, lactose-free, low-sodium, low-cholesterol, gluten free, low residue formula for patients with medical, surgical, psychological stress; contains soy/caseinates, and corn syrup/caseinates, and corn/soy oils; 31.3 cal/oz.	Pharmacy special order. Come in 7 flavors; Straw, butter pecan, vanilla, chocolate. For children over 4 years and adults	Sustacal Basic, Nutren 1.0, Resource	N/A	N/A	8 oz can 24/case 32 oz. cans or bottles 6/case
<u>Ensure Fiber w/Nutraflora FOS</u> (formerly Enrich) Manufacture – Ross Form – RTU Category – A UPC Code: Type: Med Food	X		High-fiber, lactose-free, complete formula for persons with medical surgical or psychological stress with intolerance to low residue feedings: contains caseinates/soy. Cornstarch/sucrose, and corn oil. 31.3 cal/oz.	Pharmacy special order. For children over 4 years and adults. Vanilla and chocolate.	Sustacal with Fiber, Nutren with Fiber, Replete with Fiber.	N/A	N/A	8 oz. can 24/case
<u>Ensure High Protein</u> Manufacture – Ross Form – RTU Category – A UPC Code: Type: Med Food	X		Complete high nitrogen, lactose free, low residue formula for patients with increased nitrogen needs and/or fluid restriction; contains soy/caseinates, corn syrup/sucrose, and corn oil; 28.8 cal/oz.	Pharmacy special order. For children over 4 years and adults. Chocolate, banana, berry and vanilla.	Sustacal Basic, Nutren 1.0, Resource	N/A	N/A	8 oz can 24 cans/case
Manufacture – Form – Category – UPC Code: Type:								

M=Metabolic I=Infant P=Pediatric A=Adult

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Formula Name	WRITTEN APPROVAL ?		DESCRIPTION	INDICATIONS	COMPARABLE FORMULAS	PACKAGING		
	Yes	No				Conc.	Powder	Ready-to-Use
<u>Ensure Plus</u> Manufacture – Ross Form – RTU Category – A UPC Code: Type: Med Food	X		Complete high calorie, lactose-free, low sodium, low residue, gluten free, low cholesterol Formula; contains soy/caseinates, corn syrup/sucrose, and corn oil; 45 cal/oz.	Pharmacy special order. For children over 4 years and adults. Vanilla, chocolate, strawberry, butter pecan.	NuBasic Plus, Comply, Resource Plus, Sustacal Plus, Nutren 1.5	N/A	N/A	8 oz. can 24/case
<u>E028 Extra</u> Manufacture – Scientific Hospital Form – Powder Category – P UPC Code: Type: Med Food	X		Synthetic amino acids comparable to human milk, elemental, complete formula for persons with GI impairment: contains free amino acids, corn syrup, and canola/sunflower/MCT oils; 26 cal/oz prepared 1.5 with water.	Pharmacy special order. Nutritional profile for adults.	Peptamen, Vital HN, Vivonex Plus, Vivonex T.E.N.	N/A	100 gm. Packet 10 pkts/case	N/A
<u>Fibersource</u> Manufacture – Novartis (formerly Sandoz) Form – RTU Category – A UPC Code: Type: Med Food	X		Complete lactose and gluten free formula with fiber for person with abnormal bowel functions, extended inactivity; contains caseinates, cornstarch/soy fiber, and MCT/canola oils; 36 cal/oz.	Pharmacy special order	Jevity, Glucerna, Nutren with Fiber	N/A	N/A	250 ml can 24 cans/case
<u>Fibersource HN</u> Manufacture – Novartis (Formerly Sandoz) Form – RTU Category – A UPC Code: Type: Med Food	X		High nitrogen complete formula with fiber for persons with abnormal bowel functions and increase protein needs: contains caseinates, cornstarch/soy fiber, and MCT/canola oils; 36 cal/oz.	Pharmacy special order.	Jevity, Ensure Plus HN	N/A	N/A	250 ml can 24 cans/case
<u>Forta Drink</u> Manufacture – Ross Form – Pow Category – A. UPC Code: Type: Med Food	X		Flavored, high protein, high calorie, low fat, lactose free incomplete formula; contains whey, sucrose; 85 cal/ ¼ cup powder	Pharmacy special order. Orange or fruit punch. For people requiring additional protein and supplemental nutrition; or low-fat diet; or clear liquid diet.	Citrotein	N/A	16.8 oz. can 4 cans/case	N/A
<u>Forta Shake</u> Manufacture – Ross Form – Powder Category – A UPC Code: Type: Med Food	X		Flavored, high calorie, high protein, milk based, low-fat incomplete formula; contains nonfat milk, sucrose/lactose; 140 cal/ 2 cup	Pharmacy special order. Vanilla, Strawberry, Eggnog. (Chocolate is 1 lb, 2.7 oz can)	Carnation instant Breakfast (no sugar added), Delmark Instant Breakfast.	N/A	16.6 oz can 4 cans/case	N/A

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Formula Name	WRITTEN APPROVAL ?		DESCRIPTION	INDICATIONS	COMPARABLE FORMULAS	PACKAGING		
	Yes	No				Conc.	Powder	Ready-to-Use
Glucerna Manufacture – Ross Form – RTU Category – A UPC Code: Type: Med Food	X		Nutritionally complete formula for children and adults with abnormal glucose tolerance (e.g. diabetes hyperglycemia); low carb, high fat, gluten and lactose-free; contains caseinates, cornstarch/fructose, and safflower/soy oils; 30 cal/oz.	Pharmacy special order. Vanilla	Similar to DiabetiSource AC, Choice DM, Glytol	N/A	N/A	8 oz can 24 cans/case
Isocal Manufacture – Mead Johnson Form – RTU Category – A UPC Code: Type: Med Food	X		Isotonic lactose-free, nutritionally complete, low residue feeding with ultra-trace minerals for persons with increased nutrient needs; contains soy/caseinates, maltodextrin, and and MCT/soy oils; 31 cal/oz.	Pharmacy special order. Unflavored.	Osmolite, Isosource, Nutren 1.0	N/A	N/A	8 oz. can 24 case 32 oz can 6/case
Isocal HN Manufacture – Mead Johnson Form – RTU Category – A UPC Code: Type: Med Food	X		High nitrogen, isotonic, nutritionally complete low residue formula for persons needing high protein, high calorie diets; contains caseinates, corn syrup, and soy/MCT oils; 31 cal/oz.	Pharmacy special order. Unflavored	Osmolite HN, Isosource HN, Nutren 1.0	N/A	N/A	8 oz can 24 case 32 oz. can 6/case
Similac Isomil Manufacture – Ross Form – Conc, Pow, RTU Category – I UPC Code: Type: Non Rebate	X		For lactose or milk protein intolerance: contains corn syrup/sucrose, soy protein, coconut/soy oil; 20 cal/oz.	Use with lactose intolerance, diarrhea, or galactosemia, Not recommended for very low birth weight infants.	Alsoy	13 oz can 24 cans/case	12.9 oz can 6 cans/case	8 oz.can 24 case/cans (8 oz size being disc.)
Similac Isomil Advance Manufacture – Ross Form – Conc, Pow, RTU Category – I UPC Code: Type: No Rebate	X		Contains DHA and ARA. For lactose or milk protein intolerance: contains corn syrup/sucrose, soy protein, coconut/soy oil; 20 cal/oz.	Use with lactose intolerance, diarrhea, or galactosemia, Not recommended for very low birth weight infants.	Prosobee Lipil, Alsoy	13 oz can 12 cans/case	12.9 oz 6.case	8 oz. can 4-6 pks/case 32 oz. bottle 6/case

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Formula Name	WRITTEN APPROVAL ?		DESCRIPTION	INDICATIONS	COMPARABLE FORMULAS	PACKAGING		
	Yes	No				Conc.	Powder	Ready-to-Use
<u>Similac Isomil DF</u> Manufacture – Ross Form – RTU Category – I and P UPC Code: Type: Exempt	X		Short term soy feeding with fiber for diarrhea in infants 6 months and older, and toddlers; contains soy protein, corn syrup/sucrose, and soy/coconut oils; 20 cal/oz.	Do not use for infants with constipation or infants less than 6 months of age.	None for infants or toddlers. For adults, see Fibersource	N/A	N/A	8 oz can 24 cans/case 32 oz can 6/case
<u>Isosource</u> Manufacture – Novartis (formerly Sandoz) Form – Category – UPC Code: Type: Med Food	X		Lactose, gluten and fiber free, complete formula for persons with increased nutrient needs; contains soy/caseinates, cornstarch, MCT, Canola oils: 36 cal/oz	Pharmacy special order	Isocal, Osmolite, Nutren 1.0	N/A	N/A	250 ml can 24/case
<u>Isosource HN</u> Manufacture – Novartis (formerly Sandoz) Form – RTU Category – A UPC Code: Type: Med Food	X		Lactose, gluten and fiber free, complete formula for persons with elevated protein and calorie needs: contains soy/caseinates, cornstarch, and MCT/canola oils; 36 cal/oz.	Pharmacy Special Order	Isocal HN, Osmolite HN, Nutren 1.0. Isotein HN	N/A	N/A	250 ml can 24 case
<u>Isotein HN</u> Manufacture – Novartis (formerly Sandoz) Form – Pow. Category – A UPC Code: Type: Med food	X		High protein, high calorie, lactose free isotonic, low cholesterol, sodium and potassium; Flavored, complete formula; contains lactalbumin, maltodextrin, and soy oil. 35 cal/oz.	Pharmacy special order.	Isocal HN, Osmolite HN, Nutren1.0. IsoSource HN	N/a	2.9oz. packet 36 pkts/case	N/A
<u>Jevity</u> Manufacture – Ross Form – RTU Category – A UPC Code: Type: Med Food	X		High nitrogen, isotonic, lactose free, complete formula with fiber and iron for persons with increased nutrient need and/or reduced calorie requirements; contains caseinates, cornstarch, and safflower, canola/MCT oil: 31.3 cal/oz	Pharmacy special order. Acceptable for children over 4 years and adults (FNS-268)	Fibersource, Glucerna, Nutren with Fiber.	N/A	N/A	8 oz can 24/case 32 oz can

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Formula Name	WRITTEN APPROVAL ?		DESCRIPTION	INDICATIONS	COMPARABLE FORMULAS	PACKAGING		
	Yes	No				Conc.	Powder	Ready-to-Use
<u>Kindercal</u> Manufacture – Mead Johnson Form – RTU Category – P UPC Code: Type: Med Food	X		Isotonic, lactose free nutritionally Complete formula for supplement or sole source of nutrition: contains whey, sucrose, corn sunflower/MCT oils; 32cal/oz.	For children 1 to 10. Vanilla, chocolate Retail Only	Pedisure, Resource Just for Kids	N/A	N/A	8 oz. Can 24 cans/case
<u>Lipisorb Liquid</u> Manufacture – Mead Johnson Form – RTU Category – A UPC Code: Type: Med Food	X		Modular, high calorie, lactose-free fat supplement for persons with fat malabsorption: contains MCT/corn oil (powder); 40 cal/oz	Used for HIV,CF, inflammatory bowel disease, liver disease, pancreatic. Vanilla	Portagen	N/A	N/A	8 oz. Can 24 can/case
<u>Magnacal Renal</u> Manufacture – Mead Johnson Form – RTU Category – A UPC Code: Type: Med Food	X		High calorie, complete formula for volume restricted or hypomatabolic person. Contains caseinates, maltodextrin/sucrose and soy oil; 59 cal./oz	Pharmacy special order. Vanilla honey graham	Deliver 2.0, Nepro, Two Cal HN, Nutren 2.0	N/A	N/A	8 oz. Can 24 can/case
<u>Maxamum XP</u> Manufacture – Scientific Hospital Supplies Form – Powder Category – M,P, UPC Code: Type: Med Food	X		Phenylanlanine-free, complete formula for maternal Phenylketonurics: contains free amino acids, carbohydrates, vitamins, minerals and trace elements	Pharmacy special order unflavored/orange	PKU 3	N/A	454 gm/can 4 cans/case	N/A
<u>Microlipid</u> Manufacture – Mead Johnson Form – RTU Category – A UPC Code: Type: Med Food	X		A modular fat supplement for person needing an extra source of calories from fat. Nutritionally incomplete fat (safflower oil emulsion) source; contains safflower/polyglycerol/soy oils; 129 cal/oz	Pharmacy special order. Intended as supplement to other food/formula	MCT oil	N/A	N/A	3.1 oz/ btl. 48/case

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Formula Name	WRITTEN APPROVAL ?		DESCRIPTION	INDICATIONS	COMPARABLE FORMULAS	PACKAGING		
	Yes	No				Conc.	Powder	Ready-to-Use
<u>Moducal</u> Manufacture – Mead Johnson Form – Pow Category – I,P,A UPC Code: Type: Med Food	X		Modular carbohydrate supplement (maltodextrin) for children and adults with difficulties digesting carbohydrates; contains 100% maltodextrin; 30 cal/Tbsp.	Pharmacy special order. Intended as additive to other foods/drinks	Polycose	N/A	13 oz. Can 6 cans/case	N/A
<u>Nepro</u> Manufacture – Ross Form – RTU Category – A UPC Code: Type: Med Food	X		Moderate protein low electrolyte, low fluid, lactose free high calorie formula for dialyzed patients with chronic or acute renal failure; contains caseinates, corn starch/sucrose and safflower/soy oils; 59 cal/oz.	Pharmacy special order. Vanilla, cherry, butter pecan	Deliver 2.0, Two Cal HN, Magnacal, Nutren 2.0	N/A	N/A	8 oz can 24 cans/case
<u>Neocate</u> Manufacture – Scientific Hospital Form – Pow Category – I UPC Code: Type: Exempt Formula	X		All free amino acids, lactose free, complete infant formula for allergies or intolerance; contains free amino acids, corn syrup and safflower/coconut/soy oils; 20 cal/oz.	Pharmacy special order	Alimentum, Pregetimil, Nutramigen	N/A	14 oz. Can 4/case	N/A
<u>Neocate One+</u> (Not same as Neocate) Manufacture – Scientific Hospital Form – Pow only (RTU version is Pediatric E028) Category – P UPC Code: Type: Med Food	X		Lactose gluten, soy and cow's milk free, elemental, complete formula for children ages 1-10 years with allergies or digestive disorders; contains all free amino acids, maltodextrin/sucrose and MCT/canola oils; 30 cal/oz prepared.	Pharmacy special order. Bland tasting	Vivonex Pediatric	N/A	3.5 oz packet 10/case 40-100g packets make 540 oz.	See Pediatric E028
<u>Nestle Good Start Supreme-DHA & ARA</u> Manufacture – Nestle Form – Conc, Pow, RTU Category – I UPC Code: Type: Non-Rebate	X		Contains DHA and ARA. Iron-fortified, nutritionally complete infant formula with partially hydrolyzed 100% whey protein. 20 cal/oz	For infants who do not tolerate rebated formulas	Enfamil Lipil, Similac Advance	13 oz can 12/case	12 oz. Can 6/case	32 oz. Can 6/case

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Formula Name	WRITTEN APPROVAL ?		DESCRIPTION	INDICATIONS	COMPARABLE FORMULAS	PACKAGING		
	Yes	No				Conc.	Powder	Ready-to-Use
<u>Nestle Good Start Essentials Soy</u> (formerly Alsoy) Manufacture – Nestle Form – Conc, Pow, RTU Category – I UPC Code: Type: Non Rebate	X		For lactose or milk protein intolerance; contains soy protein, tapioca dextrin/sucrose, and soy oil; 20 cal/oz.	For infants with cow's milk intolerance	Prosobee, Isomil	13 oz. Can 12/case	14 oz. Can 6/case	32 oz. Can 6/case
<u>Nestle Good Start 2 Essentials</u> (Formerly Carnation Follow-up) Manufacture – Nestle Form – Conc, Pow, RTU Category – I UPC Code: Type: Non rebate	X		Developed for infants 4-12 months and older who are eating solid foods; contains Cow's Milk, palm/soy/coconut/safflower oils, and corn syrup/lactose, iron fortified; 20 cal/oz.	Not recommended for infants less than 6 mos. old. For infants who do not tolerate rebated formulas.	Enfamil with Iron, Similac with Iron	13 oz. Can 12/case	12 oz. Can 6/case	32 oz can 6/case
<u>Nestle Good Start Supreme</u> (Formerly Carnation Good Start) Manufacture – Nestle Form – Conc, Pow, RTU Category – I UPC Code: Type: Non Rebate	X		Adequate for most health term infants; contains palm/soy/coconut/safflower oils, whey hydrolysate, lactose; 20 cal/oz.	Intolerance to rebated formulas	Enfamil with Iron, Similac with Iron	13 oz. Can 12/case	12 oz. Can 6/case	32 oz can 6/case
<u>NuBasics</u> Manufacture – Nestle (formerly Clintec) Form – RTU Category – A UPC Code: Type: Med Food	X		High calorie; lactose, gluten and cholesterol free; Low sodium, low residue, kosher, flavored, complete formula; contains caseinates, corn syrups/sucrose, and canola/corn/soy oils; 30 cal/oz.	Pharmacy special order. Vanilla/Choc/Straw.	Ensure, Resource, Sustacal Basic	N/A	N/A	250 ml can 24/case
Manufacture – Form – Category – UPC Code: Type:								

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Formula Name	WRITTEN APPROVAL ?		DESCRIPTION	INDICATIONS	COMPARABLE FORMULAS	PACKAGING		
	Yes	No				Conc.	Powder	Ready-to-Use
<u>Enfamil Nutramigen Lipil</u> Manufacture – Mead Johnson Form – Conc, Pow, RTU Category – I UPC Code: Type: Exempt	X		Contains DHA and ATA. Complete formula for allergy or insensitivity to intact protein (milk or soy) and lactose, food allergies, persistent diarrhea, or other intestinal disturbances; contains protein hydrolysate, corn syrup and palm/soy/coconut/sunflower oils;20 cal oz.	Store or pharmacy special order. Complete formula for infants	Alimentum Advance	13 oz can 12/case	16 oz. Can 6/case	32 oz. Can 6/case
<u>Nutren 1.5</u> Manufacture – Nestle (Formerly Clintec) Form – RTU Category – A UPC Code: Type: Med Food	X		High calorie, isotonic, lactose and gluten free, low residue, kosher, complete formula for persons with increased calories and /or fluid restriction: contains caseinates, maltodextrin, and MCT/canola/corn/soy oils; 45 cal/oz.	Pharmacy special order. Vanilla or unflavored.	Sustacal Plus, Ensure Plus, Ensure Plus HN, Resource Plus, Comply, Ultralan	N/A	N/A	250 ml can 24/case
<u>Nutren 2.0</u> Manufacture – Nestle (Formerly Clintec) Form – RTU Category – A UPC Code: Type: Med Food	X		High calorie, isotonic, lactose and gluten free, low residue, kosher, complete formula for persons with very high calorie needs or fluid restriction: contains caseinates, maltodextrin/sucrose, and MCT/canola/corn/soy oils; 45 cal/oz.	Pharmacy special order. Vanilla	Deliver 2.0 Nepro, Two Cal HN, Magnacal	N/A	N/A	250 ml can 24/case
<u>Nutren Fiber</u> Manufacture – Nestle (Formerly Clintec) Form – RTU Category – A UPC Code: Type: Med Food	X		Isotonic, lactose and gluten free, kosher complete formula for persons who require increased calories and nutrients; prevents constipation and diarrhea and diarrhea in tube fed patients; 30 cal/oz.	Pharmacy special order. Vanilla or unflavored.	Jevity, FiberSource	N/A	N/A	250 ml. Can 24/case
<u>NutriVent</u> Manufacture – Nestle (Formerly Clintec) Form – RTU Category – A UPC Code: Type: Med Food	X		Low carbohydrate, lactose and gluten free, low residue, kosher, complete formulas for person who need increased calorie and protein, but decreased respiratory quotient (pulmonary disease): contains caseinates, cornstarch, and safflower/canola/MCT oils; 31.3 cal/oz.	Pharmacy special order	Pulmocare, Respator	N/A	N/A	250 ml. Can 24/case

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Formula Name	WRITTEN APPROVAL ?		DESCRIPTION	INDICATIONS	COMPARABLE FORMULAS	PACKAGING		
	Yes	No				Conc.	Powder	Ready-to-Use
<u>Osmolite</u> Manufacture – Ross Form – RTU Category – A UPC Code: Type: Med Food	X		Complete, isotonic, lactose free, low residue, low electrolyte liquid for people with fat maldigestion/malabsorption; contains soy/caseinates, cornstarch and safflower/canola/MCT oils; 31.3 cal/oz.	Pharmacy special order. For children over 4 years and adults on electrolyte-restricted diets	Nutren 1.0, Isocal	N/A	N/A	8 oz can 24 cans/case 32 Oz can 6 cans/case
<u>Osmolite 1 Cal</u> Manufacture – Ross Form – RTU Category – A UPC Code: Type: Med Food			Same as Osmolite (above) plus increased protein; for persons above who are intolerant to hypersomolar feedings; 31.3 cal/oz	Pharmacy special order. For children over 4 years and adults.	IsoSource HN, Isocal HN	N/A	N/A	8 oz can 24 cans/case 32 Oz can 6 cans/case
<u>Pediasure</u> Manufacture – Ross Form – RTU Category – P UPC Code: Type: Med Food	X		Lactose and gluten free, isotonic, complete formula for supplement or sole source of nutrition; contains whey, sucrose, safflower/soy/coconut oils; 30 cal/oz	For children 1 to 10 years. Vanilla, Banana, Straw, Choc and Orange.	Kindercal, Resource Just for Kids	N/A	N/A	8 oz can 24 cans/case
<u>Pediasure with Fiber</u> Manufacture – Ross Form – RTU Category – P UPC Code: Type: Med Food	X		Nutritionally complete, lactose free supplement with fiber. 20% of fat is MCT oil; 30 cal/oz.	Vanilla	Kindercal w/fiber			
<u>Pediatric E028</u> Manufacture – Scientific Hospital Form – Pow. only (RTU version is Pediatric E028) Category – P UPC Code: Type: Med Food	X		Lactose, gluten, soy, and cow's milk free, elemental, complete formula for children ages 1-10 years with allergies or digestive disorders; contains all free amino acids, maltodextrin/sucrose and MCT/canola oils; 30 cal/oz prepared	Pharmacy special order. Bland-testing.	Vivonex Pediatric	N/A	See Neocate 1+	8 oz can 27/case
<u>Peptamen 1.5</u> Manufacture – Nestle (formerly Clintec) Form – RTU Category – A UPC Code: Type: Med Food	X		High glutamine, isotonic, lactose and gluten free, low residue, elemental, peptide-based, complete formula for person with impaired GI function: contains whey, maltodextrin/ cornstarch, and MCT/sunflower/soy oils; 45 cal/oz	Pharmacy special order. Vanilla or unflavored	Criticare HN, Vital HN, Vivonex T.E.N., Vivonex Plus	N/A	N/A	250 ml can 24/case

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	Yes	No				Conc.	Powder	Ready-to-Use
<u>Periflex</u> Manufacture – Scientific Hospital Form – Pow Category – M,P UPC Code: Type: Med Food	X		Phenylalanine-Free, complete formula for children nwith PKU: contains free amino acids, corn syrup/sucrose, and canola/safflower/MCT oils; 30 cal/oz. (1:4 dilution)	Pharmacy special order. Flavoring available.	None for children. Lofenelac, Analog Xp for infants.	N/A	16 oz can 4/case	N/A
<u>PKU 3</u> Manufacture – Mead Johnson Form – Pow Category – M,P,A UPC Code: Type: Med Food	X		Phenylalanine-free, complete formula for maternal Phenylketonurics: contains free amino acids, vitamins, minerals and trace elements.		Maxamum XP	N/A	500 gm/can 2 cans/case	
<u>Polycose</u> Manufacture – Ross Form – Pow, RTU Category – I, P, A UPC Code: Type: Med Food	X		Modular carbohydrates supplement for increased calories such as persons with restrictions in fat, protein and electrolytes; contains glucose; 23 cal/Tbsp. Powder or 60 cal/oz liquid.	Pharmacy special order. Is not a complete food. Do not administer undiluted to infants.	Moducal	N/A	12.3 oz can 6 cans/case	Is not available to WIC
<u>Pregestimil</u> Manufacture – Mead Johnson Form – Pow, RTU Category – I UPC Code: Type: Exempt	X		Complete Formula for infant with severe malabsorption problems; contains hydrolyzed casein, corn syrup/tapioca, and MCT/corn oils; 20 Or 24 cal/oz	Pharmacy special order	Nutramigen, Alimentum, Neocate	N/A	1 lb. Can 6/case	3 oz. Bottle 48/case
<u>ProMod</u> Manufacture – Ross Form – Pow Category – I, P, A UPC Code: Type: Med Food	X		Modular protein supplement for patients with increased protein needs: contains whey protein and soy lecithin, 28 cal/scoop	Pharmacy special order. Not for infant use. Not to be used alone.	Casec	N/A/	9.7 oz. Can 6/cans/case	N/A
<u>Prosobee Lipil</u> Manufacture – Mead Johnson Form – Conc. Pow, RTU Category – I UPC Code: Type: Rebate	X		Contains DHA and ARA. For lactose, milk protein, or sucrose intolerance; contains corn syrup, soy protein, and coconut/soy oils; 20 cal/oz	Use for vegetarian, cow's milk sensitive, or lactose intolerant persons, anti diarrhea treatment.	All listed under a NON-REBATED SOY BASED©: Isomil; Alsoy, lactose and sucrose free; Isomil SF	13 oz can 12/case	12.9 oz can 6/case	8 oz can 6-4 pk/case 32 oz can 6/case

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	Yes	No				Conc.	Powder	Ready-to-Use
<u>ProViMin</u> Manufacture – Ross Form – Pow Category – I UPC Code: Type: Med Food	X		Metabolic product. Protein/iron supplement for infants and children with chronic diarrhea/malabsorption disorders requiring fat and carbohydrate restrictions; 9.4 cal/Tbsp	Pharmacy special order. Intended as supplement to diet.	None with vitamins and minerals.	N/A	5.3 oz can 6 cans/case	N/A
<u>Pulmocare</u> Manufacture – Ross Form – RTU Category – A UPC Code: Type: Med Food	X		Complete high fat, low carbohydrate supplement designed for the dietary management of pulmonary insufficiency, contains caseinates, sucrose/cornstarch, and canola/MCT oils; 45 cal/oz.	Pharmacy special order. For children age 4 years and adults. Vanilla and Strawberry.	NutriVent, Respilor	N/A	N/A	8 oz can 24 can/case
<u>Resource Just for Kids</u> Manufacture – Novartis (Formerly Sandoz) Form – RTU Category – A UPC Code: Type: Med Food	X		High calorie, lactose free, low renal solute load, flavored, complete formula for children ages 1-10 years; contains caseinates, corn starch, and sunflower/soy/MCT oils; 30 cal/oz	Pharmacy special order. Vanilla, Chocolate, Strawberry	Pediasure	N/A	N/A	8 oz box (Tetra-Brik 7) 27 boxes/case
<u>Resource Plus</u> Manufacture – Novartis (formerly Sandoz) Form – RTU Category – A UPC Code: Type: Med Food	X		High calorie, lactose and gluten free complete formula; contains caseinates/soy, corn starch/sucrose, corn oil; 45 cal/oz	Pharmacy special order.	Sustacal Plus, Ensure Plus, Nutren 1.5, NuBasics Plus, Comply	N/A	N/A	8 oz box 27/case
<u>Respilor</u> Manufacture – Mead Johnson Form – TRU Category – A UPC Code: Type: Med Food	X		High calorie and nitrogen, lactose free, complete formula for persons with respiratory distress, COPD: contains caseinates, corn syrup/sucrose and canola/MCT/soy oils; 45 cal/oz	Pharmacy special order	NutriVent, Pulmocare	N/A	N/A	8 oz can 27/case
<u>RCF (Ross Carb Free)</u> Manufacture – Ross Form – Conc Category – M, I, P, UPC Code: Type: Exempt	X		Metabolic food. No carbohydrate, low iron, soy formula; for patients with intractable diarrhea or unable to tolerate any other formula; contains soy protein, soy/coconut oils; std. Dilution: 20 cal/oz	Is not a complete formula. Carbohydrate must be added before feeding. Approved for infants.	None	13 oz can 12 cans/case	N/A	N/A

M=Metabolic I=Infant P=Pediatric A=Adult

Chapter Four: Food Package – Formula, Appendix C – Arizona WIC Formula List

Formula Name	WRITTEN APPROVAL ?		DESCRIPTION	INDICATIONS	COMPARABLE FORMULAS	PACKAGING		
	Yes	No				Conc.	Powder	Ready-to-Use
<u>Similac w/Iron</u> Manufacture – Ross Form – Con, Pow, RTU Category – I UPC Code: Type: Non rebate	X		Adequate for most healthy term infants; contains coconut/soy/corn oil, lactose, nonfat milk powder; 20 cal/oz.	Intolerance to rebated formulas	Enfamil with Iron	13 oz can 24 cans/case	12.9 oz can 6-case	8 oz can 4-6pk/case 32 oz bottle 6/case
<u>Similac Lactose Free</u> Manufacture – Ross Form – Conc, Pow, RTU Category – I UPC Code: Type: Non- Rebate	X		For lactose intolerant persons who can digest cow's milk protein; contains cow's milk protein. Corn syrup sucrose, and soy/coconut/oils 20 cal. Oz	Us for mild diarrhea, cramping, bloating, gas.	Lactofree, Prosobee, Alsoy, Nutramigen, Pregestimil, Alimentum	13 oz can 12 cans/case	14 oz can 6 cans/case	N/A
<u>Similac Lactose Free Advance</u> Manufacture – Ross Form – Conc, Pow, RTU Category – I UPC Code: Type: Non-Rebate	X		Contains DHA and ARA. For lactose-intolerant persons who can digest cow's milk protein, corn syrup, sucrose, and soy/coconut oils; 200 ca/oz.	Use for mild diarrhea, cramping, bloating gas	Prosobee Lipil, Almemtum Advance, Nutraigen Lipil	N/A	N/A	32 oz bottle 6/case
<u>Similac Natural Care Advance</u> (low iron Human Milk Fortifier) Manufacture – Ross Form – RTU Category – I UPC Code: Type: Non Rebate	X		For low birth weight infants who are receiving breast milk. Contains DHA and ARA. Contains no iron. Improves total intake of energy, protein, vit/min: contains nonfat milk, whey hydrolyzed cornstarch, lactose, soy/coconut oils; not to be used as sole source of nutrients.	Non-grocery store pharmacy special order. Use as supplement to breast milk.	Enfamil Human Milk Fortifier	N/A	NA	4 oz nursery bottles 24 btls/case
<u>Similac NeoSure Advance</u> Manufacture – Ross Form – Powder Category – I UPC Code: Type: Exempt	X		Contains DHA and ARA. For premature infants and increased caloric, calcium and phosphorous needs; contains corn syrup, cow's milk and soy/coconut/safflower oils; 24 cal/oz.	For short-term use only to avoid over-nutrition	EnfaCare	N/A	12.8 oz can 6 cans/case	N/A
<u>Similac Special Care Advance w/Iron 24</u> Manufacture – Ross Form – RTU Category – I UPC Code: Type: None Rebate	X		Contains DHA and ARA. For premature infants with increased caloric; calcium and phosphorous needs; contains corn syrup, cow's milk and soy/coconut/safflower oils; 24 cal/oz.	Non grocery store pharmacy special order.	Enfamil Premature with Iron (24 cal)	N/A	N/A	4 oz nursery bottles 24 btls/case

M=Metabolic I=Infant P=Pediatric A=Adult

Chapter Four: Food Package – Formula, Appendix C – Arizona WIC Formula List

Formula Name	WRITTEN APPROVAL ?		DESCRIPTION	INDICATIONS	COMPARABLE FORMULAS	PACKAGING		
	Yes	No				Conc.	Powder	Ready-to-Use
<u>Similac (low Iron)</u> Manufacture – Ross Form – Conc, Pow, RTU Category – I UPC Code: Type: Non Rebate	X		For documented medical need for low iron (2); contains cow's milk, lactose, and soy/coconut oils; 20 cal/oz	A medical condition does not include: gas, bloating, constipation, diarrhea, or formula intolerance.	Enfamil (low Iron)	13 oz can 12/case	14.1 oz can 6 cans/case	8 oz can 24/case 32 oz can 6/case
<u>Similac 24 w/Iron</u> Manufacture – Ross Form – Conc, Pow, RTU Category – I UPC Code: Type: Non Rebate	X		For growing, low birth weight infants up to 8 lbs. This is not a premature formula. 24 cal/oz.	Special hospital order	Enfamil 24	N/A	N/A	4 oz bottles 24/case
<u>Similac PM 60/40</u> Manufacture – Ross Form – Pow Category – I UPC Code: Type: Exempt	X		A low mineral, low iron formula for infants with hypercalcaemia, renal, digestive or cardiovascular problems; contain whey protein, lactose and corn/coconut oils; 20 cal/oz	Pharmacy special order. Low iron formula. Give under Doctor's supervision.	None	N/A	1 lb. Can 6 cans/case	N/A
<u>Suplena</u> Manufacture – Ross Form – RTU Category – I UPC Code: Type: Med Food	X		High calorie, low-nitrogen, low electrolyte, complete formula for person requiring protein and fluid restriction; contains caseinates, sucrose/maltodextrins, and safflower/soy oils, 59.4 cal/oz	Pharmacy special order. Vanilla	Renalcal Diet, Nepro	N/A	N/A	8 oz can 24 cans.case
<u>Two Cal HN</u> Manufacture – Ross Form – RTU Category – A UPC Code: Type: Med Food	X		High calorie, High nitrogen, lactose free complete formula; used as supplement for patients whose food intake is low or whose fluid intake is restricted; contains caseinates, maltodextrin/sucrose, and corn/MCT oils; 60 cal/oz	Pharmacy special order. For adults and children over 4 years. Vanilla, butter pecan.	Nutren, Magnacal, Deliver 2.0	N/A	N/A	8 oz. Can 24 cans/case
Manufacture – Form – Category – UPC Code: Type:								

M=Metabolic I=Infant P=Pediatric A=Adult

Chapter Four: Food Package – Formula, Appendix C – Arizona WIC Formula List

Formula Name	WRITTEN APPROVAL ?		DESCRIPTION	INDICATIONS	COMPARABLE FORMULAS	PACKAGING		
	Yes	No				Conc.	Powder	Ready-to-Use
<u>Vital HN</u> Manufacture – Ross Form – Pow Category – A UPC Code: Type: Med Food	X		Complete, High nitrogen, partially hydrolyzed formula for persons with limited digestion and/or absorption: contains whey/meal/soy protein, Maltodextrin/sucrose, and safflower/MCT oils; 30 cal/oz.	Pharmacy special order. For adults and children over 4 years. Vanilla	Peptamen, Vivonex TEN, Criticare HN	N/A	2.79 oz pkt 24 pkts/case	N/A
<u>Vivonex Pediatric</u> Manufacture – Novartis Form – Pow Category – P UPC Code: Type: Med Food	X		100% amino acid formula, nutritionally complete, isotonic formula for impaired GI function and as a step down from TPN; contains maltodextrin starch, MCT/soybean oil; 220 cal per 250 ml.	For children ages 1-10. Flavoring sold separately.	Neocate 1	N/A	1.7 oz packets 36 pkts/case	N/A
<u>Vivonex Plus</u> Manufacture – Novartis Form – Pow Category – A UPC Code: Type: Med Food	X		Elemental, high nitrogen formula with 100 % free amino acids for persons with GI disorders; contains free amino acids, maltodextrin/starch, and soy oil; 30 cal/oz	Pharmacy special order.	Criticare HN, Peptamen VHN, Vital HN, AlitraQ, Vivonex Plus	N/A	2.8 oz packet 36 pkts/case	N/A
<u>Vivonex T.E.N.</u> Manufacture – Ross Form – Pow Category – A UPC Code: Type: Med Food	X		Elemental, complete formula with glutamine and 100% free amino acids for persons with GI impairment: maltodextrin/starch, and safflower oil; 30 cal/oz.	Pharmacy special order. Flavor packets sold separately.	Criticare HN, Peptamen VHN, Vital HN, AlitraQ, Vivonex Plus	N/A	2.84 oz packet 60 pkts/case	N/A
Manufacture – Form – Category – UPC Code: Type:								

M=Metabolic I=Infant P=Pediatric A=Adult

Chapter Four

Food Package - Formula

Appendix D:

Arizona WIC Program Referral Form - Infant/Child

See attached list

Arizona WIC Program Referral Form – Infant/Child

From:	To:
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Name: _____ Birthdate: _____

☐ This is not my patient

Consent

I authorize the release of all medical information to the WIC Program.

Doy autorizacion que provean toda mi informacion medica al programa de WIC.

Signature of Parent/Legal guardian/Firma de Padre/Madre/Tutor:

Signature/Firma _____ Date/Fecha _____

Information Requested

Date _____ Current Wt. _____ Ht. _____ Hgb/Hct _____ Gestational Age _____

Number of Infections within last 12 months: _____

Medical Conditions

- | | |
|--|---|
| <input type="checkbox"/> Failure to thrive | <input type="checkbox"/> Surgery/Burns |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Muscular Dystrophy |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Other (describe below) |

Describe: _____

Formula Requested

1. **Formulas tried:** Specific Reactions

_____ Enfamil w/Iron _____
_____ Prosobee w/Iron _____
_____ Others _____

2. **Specific formula requested:** _____

3. **Medical reason** for formula: _____

4. **How long** client needs to stay on formula: _____

5. **Special Instructions** (concentration/rate/additional water): _____

Personnel providing information:

Signature/Title _____ Date _____

Printed Name _____ Telephone _____